## (Sample) Tennessee Notification of Compliance Status

# PAINTS & ALLIED PRODUCTS MANUFACTURING PRODUCTS at AREA SOURCES

40 CFR 63 Subpart CCCCCC (7C)

Applicable to **Area Sources** of *Paint & Allied Products Mfg*.; that process, use, or generate materials containing benzene, methylene chloride, or compounds of cadmium, chromium, lead, and/or nickel

#### **Notification of Compliance (NOC) Status**

	• `	,				
Please check [✓] status	☐ Existing Source:	☐ New Source:				
	Commenced construction / reconstruction <b>Before June 1, 2009</b>	Commenced construction on or after Jun		uction		
Compliance Date	<ul> <li>Must be in compliance by</li> <li>December 3, 2012</li> </ul>	<ul> <li>Must be in compliance at <b>Startup</b></li> </ul>				
NOC Deadline:	<ul> <li>Must submit a NOC on or before</li> <li>June 3, 2013</li> </ul>	Must submit both an     Initial Notification and a NOC     No later than 180 days after initial start-up				
Date of the Notification	n of Compliance Status:					
☐ Yes, I am notifying	my facility's compliance with the following Rule ssion Standards for Hazardous Air Pollutants: Pair Area Sources 40 CFR Part 63 Subpart C	nts and Allied Products Man				
Company Information	on:					
Company name:						
Company (physical loca	tion) address:					
Address:Phone #: Land E-mail address (if availa	Mobileble):	Fax:				
	status of the following Rules that are applic					
<ol> <li>Notifications, reporting</li> <li>Notifications:</li> </ol>	ng and recordkeeping - Are the following prepar Initial Notification	red, submitted and/or mainta	ined as rec	quired?		
1. Wongtenions.	Notification of Compliance		□ Y			
2. Reports:	Annual Compliance Certification (prepared by	oy January 31)	□ Y	□ N		
	<b>Deviation Reports</b> for each deviation from the		_	□ N		
3. Recordkeeping:	Copies of each notification, report and a record	d of each inspection / test	□ Y	□ N		
II. Facilities with Proce	ss and Storage Vessels containing 7C Organic	HAP (Methylene Chloride a	nd/or Benz	zene)		
1. Are all lids and co	1. Are all lids and covers constructed as required and kept in good condition?					
2. Are all vessels kep	2. Are all vessels kept covered as required?					
3. Is 7C organic HA	3. Is 7C organic HAP material maintained at required levels in containers by required methods? $\Box$ Y $\Box$ N					
4. Are all leaks and s	4. Are all leaks and spills minimized and cleaned up within an hour of detection?					

### (Sample) Tennessee Notification of Compliance Status

### Check $[\ensuremath{\checkmark}]$ the compliance status of the following Rules that are applicable (continued):

III. Metal Particulate HAPs controls [material containing compounds of cadmium, chromium, lead, and/or nickel]							
A. Particulate matter control device types (check all that applies): [add vta in space if device vents to atmosphere]							
		Baghouses / Fabric Filters					
		Cyclones / Settling Chambers	·				
		Other type(s) of particulate emission control:					
В.	Sta	ndards [§ 63.11601(a)]					
	1. Are <b>dry</b> particulates containing the Target HAPs being captured and routed to particulate control devices <b>while adding</b> the dry particulates to a process vessel or to the grinding and milling process?						
	2. Are allowable methods being used <b>during the milling or grinding of material</b> containing the Targeted HAPs, to minimize the fugitive particle emissions?			□N			
		Is the visible emission of the exhaust from all particulate control devices that vent to the atmosphere less than 10% opacity?	□ Y	□N			
C.	thru						
	1. Was an initial inspection of each particulate control device conducted as required no later than 180 days after the applicable compliance date?			□N			
2. When an inspection or a test did not meet the standard (deviation), was corrective action and retesting performed as required?				□N			
		Was each deviation that occurred between the compliance date and December 31 recorded in a report and submitted along with the previous Annual report?	□ Y	□N			
D.	On	going Particulate Control Device Inspections and Tests Starting Date					
Following the Initial Performance Inspection, did your facility begin monitoring each PM control device according to the requirements?				□N			
I h	erel	by certify that the information presented herein is correct to the best of	my knowle	dge.			
	(Signature) (Date						

#### Submit the information to BOTH of the following addresses:

Tennessee Division of Air Pollution Control	EPA Region IV		
ATTN: Paint and Allied Products Contact	Director, Air, Pesticides and Toxics Management Division		
9th Floor, L & C Annex	Atlanta Federal Center		
401 Church Street	61 Forsyth Street		
Nashville, Tennessee 37243-1531	Atlanta, GA 30303–3104		

Note: Keep a copy (in paper or electronic files) of all records including this notification for 5 years (on site for 2 years)

For assistance in completing the form or understanding the requirements: Call 1-800-734-3619

This is the number for the Small Business Environmental Assistance Program's hotline.

It is a confidential assistance program for small businesses